HEALTH LICENSING OFFICE
Board of Electrologists and Body Art Practitioners
1430 Tandem Ave. NE, Suite 180, Salem, OR 97301-2192
Phone: 503-378-8667 | Fax: 503-370-9004
www.healthoregon.org/hlo | Email: hlo.info@state.or.us

Print Form

BODY ART FACILITY LICENSE APPLICATION

The holder of a Facility License must be a natural person

1. Applicant Information

APPLICANT (RESPONSIBLE PARTY) NAME:	DATE OF BIRTH	SOCIAL SECURITY NUMBER **(REQUIRED)**
RESIDENTIAL PHYSICAL ADDRESS **(REQUIRED)**		
CITY	STATE	ZIP
PHONE: ☐ HOME ☐ CELL / BUSINESS TELEPHONE / EMAIL ADDRESS		
NAME OF FACILITY	BUSINESS TELEPHONE	
ASSUMED BUSINESS NAME (AS FILED WITH SECRETARY OF STATE, CORPORATION DIVISION)	REGISTRY NUMBER (SECRETARY OF STATE, CORPORATION DIVISION)	
FACILITY PHYSICAL ADDRESS		
CITY	STATE	ZIP
FACILITY MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		
CITY	STATE	ZIP

Are you closing a previous facility? ☐ Yes ☐ No If yes, list your facility license number :FA-

Do you hold or have you previously held licensure, certification or registration with the Health Licensing Office or any other state? ☐ **No** ☐ **Yes** - If yes, please list information below.

State:	Lic./Cert./Reg.#	Expiration:
State:	Lic./Cert./Reg.#	Expiration:
State:	Lic./Cert./Reg.#	Expiration:

Do you practice at this facility? ☐ Yes ☐ No

2. ***(Complete This Section Only If Submitting Payment By Mail)***

Payment of Required Fees: Total of $250

Please check one: ☐ Cash ☐ Check ☐ Money order ☐ Purchase order ☐ Credit card (see below)

Type of Credit Card: ☐ Visa ☐ MasterCard ☐ Discover (Cardholder must either be the applicant or be present at the time application is submitted) **Do Not Fax or Email Credit Card Information**

Name on card: _____

Card number:_____ Exp: _____ Authorized amount: $_____

Cardholder signature: _____

(Do not write in this section – Official use only)

Facility License #: BAP-FA-_____ **Initials**_____ **OTC** ☐ **Verified ID** ☐ **Type:**_____

Approval Code/CK#_____

Application continued on the next page →

3. Individual Records Questions: Please accurately answer all of the questions below. The office may review your information through the Law Enforcement Data System, other governmental agencies, and private vendors to confirm the accuracy of the information. Any misrepresentation or failure to disclose information may result in disciplinary action.

- Are you now, or have you ever been, the subject of any active or inactive disciplinary action or voluntary resignation of a professional license, certificate, registration or permit imposed by a licensing or regulatory authority in this or any other state? Disciplinary action includes, but is not limited to, probation, suspension, civil penalty, or any other sanction limiting, in any way, a license, certificate, registration or permit. ☐ **Yes** ☐ **No** If yes, please explain **(attach additional pages if necessary)**:

- Have you ever been convicted of a misdemeanor or felony? ☐ **Yes** ☐ **No**
  If yes, please list all convictions with the charges as stated in the court documents, including year convicted **(attach additional pages if necessary).**

	Year Convicted

- As of today are you on probation or parole? ☐ **Yes** ☐ **No** If yes, you **must** provide a letter of release from your probation or parole officer authorizing you to obtain an authorization to practice. If you are on bench probation, or probation with the court, you must provide documentation of your conditions of the probation.

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Health Licensing Office, you are required to provide your Social Security number (SSN) to the Office. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The HLO will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Office.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of my license, certification or registration. I have enclosed the required fees and documentation.

Signature:	**Date:**

ORS 181.534, 670.280, 676.608, and 676.612 authorize the Health Licensing Office to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check.

Before issuing a default final order, the Health Licensing Office must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the National Practitioner Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60.

I hereby voluntarily consent to disclose my Social Security number to the HLO for criminal background checks, verification of military status, and reports to the National Practitioner Data Bank (NPDB). Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the HLO for these purposes, it may be used only for these purposes.

Signature:	**Date:**

Return All Pages Of This Application And Keep A Copy For Your Records

4. Employees

- List the name(s) and Certificate number(s) of practitioners who are currently providing Electrology or Body Art services in your facility. Please provide a complete listing of practitioners by attaching additional pages if necessary. **Practitioners must sign or the information will not be updated in the HLO's database.**

Name	Practitioner Certification #	Signature

5. Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This information will also be used in the aggregate (i.e. as a whole, not individually) for research and statistical purposes. It will not be tied specifically or directly to your licensing information.

Ethnic Background (check only one)

☐ (A) **Asian or Pacific Islander**: Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

☐ (B) **African American** (not of Hispanic origin): Persons having origins in any of the Black racial groups of Africa.

☐ (H) **Hispanic**: Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures or origin, regardless of race.

☐ (I) **American Indian or Alaskan Native**: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

☐ (W) **Caucasian** (not of Hispanic origin): Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

FACILITY LICENSE

OAR 331-925-0000

(1) A location, where services are performed in a field of practice must be a licensed facility defined under ORS 690.350 and licensed under ORS 690.365.

(2) The owner of a facility license must be a natural person.

(3) A facility license is valid for one year and becomes inactive on the last day of the month one year from the date of issuance.

(4) A facility license is not transferable from person to person, business to business, or to a new location. Requirements under OAR 331-925-0005 must be met.

(5) An Electrology, Body Piercing or Tattoo facility licensed before January 1, 2012, are valid only for the fields of practice for which those licenses were issued. In order to add additional fields of practice the owner must apply and qualify for a new body art facility license pursuant to OAR 331-925-0005.

(6) A facility must adhere to all standards within OAR chapter 331, division 930.

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REQUIREMENTS FOR AN ELECTROLOGY OR BODY ART FACILITY LICENSE APPLICATION

To be issued a facility license the applicant must:

- ☐ Meet the requirements of OAR 331 division 30;
- ☐ Submit a completed application form prescribed by the HLO, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required fees: Application fee = **$100** and License fee = **$150** for a total of **$250** (see payment section above);
- ☐ Submit **one** form of acceptable **photographic** identification as listed in OAR 331-030-0000(8), **which must include applicant's current legal name**. Front and back of legible (clear) photocopies if submitted by mail. **Pursuant to OAR 331-030-0000(10) at least one form of identification provided to the HLO must be photographic**. Some examples include: driver license, state ID card, passport or military ID card;
- ☐ Submit proof of being at least 18 years of age and provide official documentation confirming date of birth, such as a copy of the birth certificate, driver's license, passport or school/military/governmental record with age documented (if not already provided on photographic identification required above);
- ☐ Submit a map or directions to the facility if it is located in a rural or isolated area;
- ☐ Submit a list of licensees providing services in the facility;
- ☐ Submit a current registration as required by Secretary of State, Corporations Division pursuant to ORS 648.007; and
- ☐ Submit a current copy of the Assumed Business Name (ABN) filing if applicant is operating under an assumed business name prior to applying for a facility license.

NOTE: ABN is not required if business includes the real and true name of each owner. Refer to Secretary of State, Corporations Division under ORS 648.005 through 648.990.